

## **Application Data Sheet**

### **Application Information**

|                                  |   |
|----------------------------------|---|
| Application number::             | TBA   |
| Filing Date::                    | September 25, 2006  |
| Application Type::               | Regular   |
| Subject Matter::                 | Utility   |
| Suggested classification::       |   |
| Suggested Group Art Unit::       |   |
| CD-ROM or CD-R?::                | NONE  |
| Number of CD disks::             |   |
| Number of copies of CDs::        |   |
| Sequence submission?::           | YES   |
| Computer Readable Form (CRF)?::  | YES   |
| Number of copies of CRF::        | 1   |
| Title::                          | DIAGNOSTICS AND THERAPEUTICS FOR DISEASES<br>ASSOCIATED WITH PEROXISOME PROLIFERATIVE<br>ACTIVATED RECEPTOR ALPHA (PPARA) |
| Attorney Docket Number::         | 004974.01217  |
| Request for Early Publication?:: | NO  |
| Request for Non-Publication?::   | NO  |
| Suggested Drawing Figure::       |   |
| Total Drawing Sheets::           | 3   |
| Small Entity?::                  | NO  |
| Latin name::                     |   |
| Variety denomination name::      |   |
| Petition included?::             | NO  |
| Petition Type::                  |   |
| Licensed US Govt. Agency::       |   |
| Contract or Grant Numbers::      |   |
| Secrecy Order in Parent Appl.?:: | NO  |

## **Applicant Information**

|   |                   |
|---|-------------------|
| Applicant Authority Type::              | <b>Inventor</b>   |
| Primary Citizenship Country::           | DE                |
| Status::                                | Full Capacity     |
| Given Name::                            | Stefan            |
| Family Name::                           | GOLZ              |
| City of Residence::                     | Essen             |
| State or Province of Residence::        |                   |
| Country of Residence::                  | DE                |
| Street of mailing address::             | Bückmannsmühle 46 |
| City of mailing address::               | Essen             |
| State or Province of mailing address::  |                   |
| Country of mailing address::            | DE                |
| Postal or Zip Code of mailing address:: | 45326             |

|   |                 |
|---|-----------------|
| Applicant Authority Type::              | <b>Inventor</b> |
| Primary Citizenship Country::           | DE              |
| Status::                                | Full Capacity   |
| Given Name::                            | Ulf             |
| Family Name::                           | BRÜGGEMEIER     |
| City of Residence::                     | Leichlingen     |
| State or Province of Residence::        |                 |
| Country of Residence::                  | DE              |
| Street of mailing address::             | Leysiefen 20    |
| City of mailing address::               | Leichlingen     |
| State or Province of mailing address::  |                 |
| Country of mailing address::            | DE              |
| Postal or Zip Code of mailing address:: | 42799           |

**Applicant Authority Type::** **Inventor**  
**Primary Citizenship Country::** DE  
**Status::** Full Capacity  
**Given Name::** Andreas  
**Family Name::** GEERTS  
**City of Residence::** Wuppertal  
**State or Province of Residence::**  
**Country of Residence::** DE  
**Street of mailing address::** Schucherstrasse 29  
**City of mailing address::** Wuppertal  
**State or Province of mailing address::**  
**Country of mailing address::** DE  
**Postal or Zip Code of mailing address::** 42113

### **Correspondence Information**

**Correspondence Customer Number::** 22907

### **Representative Information**

**Representative Customer Number::** 22907

### **Domestic Priority Information**

| <b>Application::</b> | <b>Continuity Type::</b> | <b>Parent Application::</b> | <b>Parent Filing Date::</b> |
|----------------------|--------------------------|-----------------------------|-----------------------------|
| This Application     | National Stage of        | PCT/EP2005/002588           | 11 March 2005               |
|                      |                          |                             |                             |
|                      |                          |                             |                             |
|                      |                          |                             |                             |

## Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| Europe    | 04007431.2           | 26 March 2004 | Yes                |
|           |                      |               |                    |
|           |                      |               |                    |

## Assignee Information

Assignee name:: BAYER HEALTHCARE AG  
Street of mailing address::  
City of mailing address:: Leverkusen  
State or Province of mailing address::  
Country of mailing address:: GERMANY  
Postal or Zip Code of mailing address:: 51368